

Opening Statement  
Chairman Mark Souder

**“Harm Reduction or Harm Maintenance:  
Is There Such a Thing as Safe Drug Abuse?”**

Subcommittee on Criminal Justice, Drug Policy,  
and Human Resources  
Committee on Government Reform

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Good afternoon, and thank you all for coming. Today we are holding our Subcommittee's second official hearing of the 109<sup>th</sup> Congress. Last week, we held a hearing with the Director of the White House Office of National Drug Control Policy to get a clearer understanding of how the federal drug budget brings resources to bear on reducing drug abuse, whether through law enforcement, drug treatment, or drug use prevention. Today, we shift focus to how the public's resources and trust may be abused – through programs that fit under the self-identified label of “harm reduction.”

I believe this Subcommittee was the first to hold a hearing on measuring the effectiveness of drug treatment programs, and was the first to hold a hearing on the President's Access To Recovery initiative, which seeks to increase and enhance the availability of drug treatment in the United States. In the last Congress, many members of this Subcommittee worked together to pass the Drug Addiction Treatment Expansion Act, and will do so again in this Congress. The members of this Subcommittee are not just talkers, we're doers, and I am pleased we have had the opportunity to work on so many important matters together.

As President Bush refers to it in the National Drug Control Strategy, we should all work for “Healing America's Drug Users.” I applaud the Administration's 50 percent increase to the Access to Recovery program for a total of \$150 million. This initiative, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), will provide people seeking clinical treatment and/or recovery support services with vouchers to pay for the care they need. It also will allow assessment of need and will provide vouchers for clients who require clinical treatment and/or recovery support services but would not otherwise be able to access care.

As I stated last week, when evaluating drug control policies, we must look beyond the intent of a program and look to the results. We should always apply a common-sense test: do the policies in question reduce illegal drug use? That is the ultimate “performance measure” for any drug control policy, whether it is related to enforcement, treatment, or prevention. If we apply that test to federal drug programs on the whole, the Bush Administration is doing very well. Drug use, particularly among young people, is down since President Bush took office in 2001. Under this Administration, we have seen an 11 percent reduction in drug use, and over the past three years there has been an historic 17 percent decrease in teenage drug use. That is in stark contrast to what happened in the mid- to late-1990s, when drug use – particularly among teenagers – rose dramatically after major declines in the 1980s and early 1990s.

Now, what if we were to apply that same test to that of “harm reduction?” It wouldn’t even be close – “harm reduction” does not have the goal of getting people off of drugs. “Harm reduction” is an ideological position that assumes certain individuals are incapable of making healthy decisions. Advocates of this position hold that dangerous behaviors, such as drug abuse, therefore simply must be accepted by society and those who choose such lifestyles -- or become trapped in them -- should be enabled to continue these behaviors in a manner less “harmful” to others. Often, however, these lifestyles are the result of addiction, mental illness, or other conditions that should and can be treated rather than accepted as normal, healthy behaviors.

Instead of addressing the symptoms of addiction – such as *giving them clean needles, telling them how to shoot up without blowing a vein, recommending that addicts abuse with someone else in case one of them stops breathing* -- we should break the bonds of their addiction and make them free from needles and pushers and pimps once and for all.

We have a wide variety of witnesses today. Our first panel includes several gentlemen who work with faith-based organizations in Asia (primarily with Muslim organizations in Afghanistan, Malaysia, and Indonesia), and are having to contend with needle-giveaway programs that are being promoted by foreigners notwithstanding the cultural traditions of these countries in question. Some of these “harm reduction” programs, I must add with embarrassment and with apology to the gentlemen of the first panel, are financed by the United States Agency for International Development, the federal government’s foreign aid agency.

On the other hand, one of the witnesses requested by the minority, Dr. Beilenson, worked several years ago on a project which critics might call “more drugs for Baltimore.”

In June 1998, the *Baltimore Sun* reported that Johns Hopkins University drug abuse experts and Baltimore’s health commissioner were “discussing the possibility of a research study in which heroin would be distributed to hard-core addicts in an effort to reduce crime, AIDS and other fallout from drug addiction.” At that time, “public health specialists from a half-dozen cities in the United States and Canada... met at the Lindesmith Center, a drug policy institute supported by financier George Soros, to discuss the logistics and politics of a multi-city heroin maintenance study.” Such an endeavor would be “politically difficult, but I think it’s going to happen,” said Baltimore Health Commissioner Dr. Peter Beilenson.

Another minority witness, Dr. Robert Newman, served on the Board of Directors for the Drug Policy Foundation as early as 1997, and presently serves on the board of directors with another minority witness, Rev. Edwin Sanders, of the Drug Policy Alliance (the new name of the Drug Policy Foundation since its merger with the aforementioned Lindesmith Center). The Drug Policy Alliance describes itself as “the nation’s leading organization working to end the war on drugs.” Along with its major donor George Soros, it helped produce *It’s Just a Plant*, a pro-marijuana children’s book.

I will be very interested in learning from the witnesses today what they believe U.S. Government policy should be with respect to financing heroin distribution, safe-injection facilities, and how-to manuals like *H Is For Heroin*, published by the Harm Reduction Coalition, and children’s books on smoking marijuana, produced with the help of the organization run by two of the minority’s witnesses today.

We thank everyone for traveling so far and taking the time to join us, and I look forward to your testimony.